



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-888-310-4650 ext. 25073
www.Tennessee.gov/health**

REINSTATEMENT/REACTIVATION APPLICATION

The requirements for reinstatement/reactivation are supported by Rules 0460-1-.04 and 0460-1-.05, 0460-2-.08 and 0460-2-.09, 0460-3-.07 and 0460-3-.08, 0460-4-.06 and 0460-4-.07 and T.C.A. 63-5-117 and T.C.A. 63-1-107. Please read all instructions and the rules applicable before applying. Every question on the application must be answered. If a question does not apply to you, please indicate that the section is not applicable.

PROCEDURES FOR REINSTATEMENT/REACTIVATION

1. Please allow 10 working days for information submitted to be received and placed in the file. Federal Express and other special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for any of these charges incurred.
2. All documents and fees required to be submitted by you, or those documents you requested from the appropriate institutions, must be mailed directly to:

Tennessee Board of Dentistry
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243

3. Only the applicant may request a status of the application. Please inform hospitals, employers, recruiters, referral companies or insurance companies that application status updates must be obtained from you.
4. If the application is not complete upon receipt by the Board's administrative office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's administrative office sixty (60) days from the date of the deficiency letter. Applications not completed within sixty (60) days will be closed. Once an incomplete file has been closed, all applicants must file a new application and submit, or cause to be submitted, all supporting documentation.
5. **It is unlawful to continue or resume practice as a Dentist, Dental Hygienist, or Dental Assistant in Tennessee until the Tennessee Board of Dentistry grants you reinstatement or reactivation of your license or registration.**

INSTRUCTIONS FOR REACTIVATION

Once all documentation requested below has been received and approved by the Board Consultant, you will be notified, in writing, of the current fees due to reactivate your license/registration. **Anyone submitting a Reinstatement/Reactivation Application in which any information provided by the applicant is found to be untrue, may be subject to denial, suspension, revocation, or other restrictions or conditions and/or assessment of civil penalties for each separate violation as provided in T.C.A. § 63-5-124.**

1. To reactivate a retired license within two (2) years of submitting the retirement form, you must:
 - (a) Submit the attached application.
 - (b) Submit documentation of twenty (20) hours for dentists, fifteen (15) hours for dental hygienists or twelve (12) hours for dental assistants of Board approved continuing education as outlined in 0460-1-.05.
 - (c) Submit the front and back of your current CPR.
 - (d) Request a verification letter of your licensure status from any and all states which you are licensed/registered or have ever held a license/registration. The letter must be sent directly from the state's board to our administrative office.
2. To reactivate a retired license which has been retired over two (2) years of submitting the retirement form, you must:
 - (a) Submit the attached application.
 - (b) Submit proof of twenty four (24) hours of Board approved dental related continuing education as outlined in 0460-1-.05 which one course focuses on and serves as a clinical (in the mouth) refresher and must have been earned in the preceding twelve (12) months. Dental assistants must submit 12 hours.
 - (c) Submit the front and back of your current CPR.
 - (d) Request a verification letter of your licensure status from any and all states in which you are licensed/registered or have ever been licensed/registered. The letter must be sent directly from the state's board to our administrative office.
 - (e) If requested, after review by the Board, a designated Board member, or the Board Consultant, you may be required to appear before the Board, a Board member, or the Board Consultant for an interview regarding continued competence. In addition, the Board or the Board Consultant may require the licensee to contact one of the approved schools of dentistry/hygiene for an evaluation of current competency before reactivation will be considered.
 - (f) All applicants who have been retired for a period of five (5) years or more must submit the reactivation application and shall be required to present themselves to one of the approved schools of dentistry/hygiene for an evaluation of current competency before reactivation will be considered. Upon receipt of a written request and explanation, the Board may waive the requirement for an evaluation for clinical competency. Dental assistants are required to submit proof of 24 hours of continuing education taken within the last 12 months instead of being evaluated for competency.

INSTRUCTIONS FOR REINSTATEMENT

Once all information requested below has been received and approved by the Board Consultant, you will be notified of the fees due to reinstate, which will include the reinstatement fee, state regulatory fees, and all current and past due renewal fees. **Anyone submitting a Reinstatement/Reactivation Application in which any information provided by the applicant is found to be untrue, may be subject to denial, suspension, revocation, or other restrictions or conditions and/or assessment of additional civil penalties for each separate violation as provided in T.C.A. § 63-5-124.**

1. To reinstate a license that is revoked for failure to renew (expired), follow the instructions below:
 - (a) Complete and submit the attached application.
 - (b) Submit documentation of the required Board approved continuing education hours for each year you were failed to renew as outlined in 0460-1-.05 and 0460-4-.04(6). **If expired less than two (2) years, please send the hours for the two (2) years prior to this application.** Beginning in the year 2002, all dentist, dental hygienist, and dental assistants were required to complete 1 hour of continuing education in the subject of chemical dependency. Effective January 2003, the required continuing education hours are on a 2 year cycle that runs from January of an odd year to December of an even year. Dentist are required to complete 40 hours of approved CE, dental hygienist are required to complete 30 hours of approved CE, and dental assistants will be required to complete 24 hours of approved CE when the rule changes become effective. In the 2 year cycle, 2 hours of continuing education in the subject of chemical dependency is required for all dental professionals.

Year	Dentist & Dental Hygienist
1992	7 hours
1993	15 hours
1994	15 hours
1995	15 hours
1996	15 hours
1997	15 hours
1998	15 hours
1999	15 hours
2000	15 hours
2001	15 hours
2002	15 hours
03-04	40 hrs-dentist, 30 hrs-hygienist*
05-06	40 hrs-dentist, 30 hrs-hygienist**

Year	Dental Assistants
1992	7 hours if certified w/ Coronal Polishing
1993	7 hours if certified w/ Coronal Polishing
1994	7 hours if certified w/ Coronal Polishing
1995	7 hours if certified w/ Coronal Polishing
1996	7 hours if certified w/ Coronal Polishing
1997	7 hours if certified w/ Coronal Polishing
1998	7 hours if certified w/ Coronal Polishing
1999	7 hours if certified w/ Coronal Polishing
2000	7 hours if certified w/ Coronal Polishing
2001	7 hours if certified w/ Coronal Polishing
2002	7 hours if certified w/ Coronal Polishing
03-04	24 hours for ALL dental assistants*
05-06	24 hours for ALL dental assistants**

* These hours are to be submitted if your application is received after January 1, 2005.

** These hours are to be submitted if your application is received after January 1, 2007.

- (c) Submit the front and back of your current CPR card.
- (d) Request a verification letter of your licensure/registration status from all states which you are or have ever been licensed/registered. The letter must be sent directly from that state's board to our administrative office.
- (e) Any registrant who fails to renew their license/registration prior to the expiration of the 2nd year after which renewal is due, may be required to meet other conditions as the Board may deem necessary to protect the public.
- (f) If requested, after review by the Board, a designated Board member, or the Board Consultant, you may be required to appear before the Board, a Board member, or the Board consultant for an interview.
- (g) Once your reinstatement application has been approved by the Board Consultant, you will be notified in writing of the fees due and your license/registration will be reinstated upon receipt of all fees due.



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REINSTATEMENT/REACTIVATION APPLICATION

<input checked="checked" type="checkbox"/>	PROFESSION
<input type="checkbox"/>	DENTIST
<input type="checkbox"/>	DENTAL HYGIENIST
<input type="checkbox"/>	DENTAL ASSISTANT

<input checked="checked" type="checkbox"/>	TYPE OF REQUEST
<input type="checkbox"/>	Reactivating a license that has been retired
<input type="checkbox"/>	Reactivating a license that has been military retired
<input type="checkbox"/>	Reinstating a license that is expired

Date _____

Legal Name: _____

Name on License/Registration: _____

(If your name has changed, a copy of the legal document that changed your name is required.)

License/Registration Number: _____ Social Security Number: _____

Issue Date: _____ Date of Birth: _____

Complete Mailing Address: _____

Home Phone Number: (____)_____ Work Phone Number: (____)_____

Complete Work Address/ _____

or Intended Work Address _____

Date of Retirement or Licensure/Registration Expiration: _____

Reason for requesting reactivation or reinstatement of your license/registration: _____

EMPLOYMENT HISTORY

Please complete your employment history since at least 1 year before the expiration date of the Tennessee license/registration, starting with the most current position first. Explain any breaks in employment. Use the back of this page, if you need additional space. **This section is required and your application will not be reviewed for approval until a complete work history has been received. If you work for a company, also list the name(s) of your supervising dentist.**

COMPLETE DATES OF EMPLOYMENT	NAME AND LOCATION OF EMPLOYER	MAJOR JOB DUTIES PERFORMED (Check <u>all</u> that apply. You must be specific with other duties.)	TITLE OF POSITION HELD (Circle all that apply)
<div style="text-align: center;"> <div>____/____/____</div> <div>to</div> <div>____/____/____</div> </div>	Employer: _____ Address: _____ City: _____ State: _____ Supervising Dentist: _____	<input type="checkbox"/> all duties of a dentist or specialist <input type="checkbox"/> all duties of a dental hygienist <input type="checkbox"/> all duties of a registered dental assistant <input type="checkbox"/> all duties of a certified dental assistant <input type="checkbox"/> only duties of a practical dental assistant <input type="checkbox"/> administration of sedation/anesthesia <input type="checkbox"/> administration of local anesthesia <input type="checkbox"/> administration of nitrous oxide <input type="checkbox"/> x-rays <input type="checkbox"/> monitoring sedation/anesthesia <input type="checkbox"/> sealants <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> other: _____	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Registered Dental Assistant <input type="checkbox"/> Certified Dental Assistant <input type="checkbox"/> Practical Dental Assistant <input type="checkbox"/> Office Manager/Receptionist <input type="checkbox"/> Other: _____
<div style="text-align: center;"> <div>____/____/____</div> <div>to</div> <div>____/____/____</div> </div>	Employer: _____ Address: _____ City: _____ State: _____ Supervising Dentist: _____	<input type="checkbox"/> all duties of a dentist or specialist <input type="checkbox"/> all duties of a dental hygienist <input type="checkbox"/> all duties of a registered dental assistant <input type="checkbox"/> all duties of a certified dental assistant <input type="checkbox"/> only duties of a practical dental assistant <input type="checkbox"/> administration of sedation/anesthesia <input type="checkbox"/> administration of local anesthesia <input type="checkbox"/> administration of nitrous oxide <input type="checkbox"/> x-rays <input type="checkbox"/> monitoring sedation/anesthesia <input type="checkbox"/> sealants <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> other: _____	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Registered Dental Assistant <input type="checkbox"/> Certified Dental Assistant <input type="checkbox"/> Practical Dental Assistant <input type="checkbox"/> Office Manager/Receptionist <input type="checkbox"/> Other: _____
<div style="text-align: center;"> <div>____/____/____</div> <div>to</div> <div>____/____/____</div> </div>	Employer: _____ Address: _____ City: _____ State: _____ Supervising Dentist: _____	<input type="checkbox"/> all duties of a dentist or specialist <input type="checkbox"/> all duties of a dental hygienist <input type="checkbox"/> all duties of a registered dental assistant <input type="checkbox"/> all duties of a certified dental assistant <input type="checkbox"/> only duties of a practical dental assistant <input type="checkbox"/> administration of sedation/anesthesia <input type="checkbox"/> administration of local anesthesia <input type="checkbox"/> administration of nitrous oxide <input type="checkbox"/> x-rays <input type="checkbox"/> monitoring sedation/anesthesia <input type="checkbox"/> sealants <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> other: _____	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Registered Dental Assistant <input type="checkbox"/> Certified Dental Assistant <input type="checkbox"/> Practical Dental Assistant <input type="checkbox"/> Office Manager/Receptionist <input type="checkbox"/> Other: _____
<div style="text-align: center;"> <div>____/____/____</div> <div>to</div> <div>____/____/____</div> </div>	Employer: _____ Address: _____ City: _____ State: _____ Supervising Dentist: _____	<input type="checkbox"/> all duties of a dentist or specialist <input type="checkbox"/> all duties of a dental hygienist <input type="checkbox"/> all duties of a registered dental assistant <input type="checkbox"/> all duties of a certified dental assistant <input type="checkbox"/> only duties of a practical dental assistant <input type="checkbox"/> administration of sedation/anesthesia <input type="checkbox"/> administration of local anesthesia <input type="checkbox"/> administration of nitrous oxide <input type="checkbox"/> x-rays <input type="checkbox"/> monitoring sedation/anesthesia <input type="checkbox"/> sealants <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> other: _____	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Registered Dental Assistant <input type="checkbox"/> Certified Dental Assistant <input type="checkbox"/> Practical Dental Assistant <input type="checkbox"/> Office Manager/Receptionist <input type="checkbox"/> Other: _____

CAREFULLY READ ALL QUESTIONS

Circle YES if any of the following questions apply to you. If you answer YES to any of the questions, attach an explanation and request any documentation from the states, courts, or agencies be submitted to the board's administrative office.

I have been convicted of a crime and I have not previously notified the Board in writing of that action **YES**

My license has been disciplined in another state and I have not previously notified the board in writing of that action **YES**

I am currently in poor physical and/or mental health **YES**



CERTIFICATION INFORMATION

List below ALL states in which you have ever been or are currently licensed, permitted, certified, or registered. Please have those states submit verification of your licensure status directly to the Board's Administrative Office. **If this section does not apply, mark N/A.**

[illegible]

PLEASE COMPLETE THE AFFIDAVIT AND SIGN IN THE PRESENCE OF A NOTARY.

This certifies that the information submitted by me in this application is true, correct and complete to the best of my knowledge and belief. I also understand that if any information provided in this Application is found to be untrue, I may be subject to denial, suspension, revocation, or other restrictions or conditions and/or assessment of civil penalties for each separate violation as provided in T.C.A. § 63-5-124.

Signature

Date

Sworn to before me, this _____ day of _____, _____.

Notary Public

SEAL

My commission expires _____